

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. ....

1. Date of Birth, . . .	April 11 <sup>th</sup>
2. Full Name of Child, . . .	Katie Mac Neil
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . .	Female
5. Place of Birth, . . .	Southville
6. Name of Father, . . .	Joseph Mac Neil
7. Residence, . . . .	Southville
8. Occupation, . . . .	Carpenter
9. Birthplace, . . . .	Nova Scotia
10. Name of Mother, . . .	Mrs. Mac Neil
(Maiden Name,) . . .	Hannah Mc Gillbray
11. Residence, . . . .	Southville
12. Birthplace, . . . .	Nova Scotia

Dated at Southville April 12 1889

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Mrs. Rufus Lord

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. ....

1. Date of Birth, . . .	October 31, 1889.
2. Full Name of Child, . . .	Edward
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Southborough
6. Name of Father, . . .	Morris Noonan
7. Residence, . . . . .	Westboro'
8. Occupation, . . . . .	Laster
9. Birthplace, . . . . .	Southborough
10. Name of Mother, . . .	Mary
(Maiden Name,) . . . . .	Mannix
11. Residence, . . . . .	Westborough
12. Birthplace, . . . . .	"

Dated at ..... 18

\* If other than White.

(A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



# RETURN OF A BIRTH.

No. ....

1. Date of Birth, . . .	Mar. 16, 1890
2. Full Name of Child,	White
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . . .	
5. Place of Birth, . . .	Southville
6. Name of Father, . .	Peter White
7. Residence, . . . .	Southville
8. Occupation, . . . .	Boatmaker
9. Birthplace, . . . .	Malden Mass.
10. Name of Mother, . .	Eldwich White
(Maiden Name,) . . .	" Liberty.
11. Residence, . . . .	Southville
12. Birthplace, . . . .	Canada

Dated at Mar. 16, Oakland 1890

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

G. W. Butler filed  
gone to meeting

# RETURN OF A BIRTH.

No. ....

1. Date of Birth, . . .	Apr. 24 / 1890.
2. Full Name of Child,	Dennis
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . . .	
5. Place of Birth, . . .	Southville
6. Name of Father, . .	Jeremiah Dunn
7. Residence, . . . .	Southville
8. Occupation, . . . .	Bootsmaker
9. Birthplace, . . . .	Ireland
10. Name of Mother, . .	Maggie Dunn
(Maiden Name,) . . .	
11. Residence, . . . .	Southville
12. Birthplace, . . . .	Ireland

Dated at Rochester Apr. 24 1890

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

G. W. Bullenfeld M.D.  
gone to Hudson

**FILL EVERY BLANK.**

30  
Date of Birth..... May 29, 1890

Name of Child.....

Color, if other than white..... White

Sex..... Male

Condition: }  
Twin, Illegitimate, &c. } ..... Normal

Place of Birth, }  
If other than Marlborough } ..... Spettaboro

Name of Father..... Nathan P. Harvey

Maiden Name of Mother..... Page


Residence of Parents, }  
If other than Marlborough } ..... Spettaboro


Occupation of Father..... Butcher

\*Place of Birth of Father..... W. S.

\*Place of Birth of Mother..... Frammingham

\*If in the United States—what town?  
\_\_\_\_\_

 Births of Still Born Children to be returned same as living children.

 When children born in the year have died during the same year, returns should be made of both birth and death.



## AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever a deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which said deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained, and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths and births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

## BIRTH

recorded in the books of the Town of Westboro  
(City or Town.)  
during the month of June 1890.

1. Date of Birth, . . .
2. Full Name of Child,
3. Color, . . . . .
4. Sex (and if twin or illegitimate),
5. Place of Birth, . . .
6. Name of Father, . .
7. Residence, . . . .
8. Occupation, . . . .
9. Birthplace, . . . .
10. Name of Mother, . .
- (Maiden name,) . . .
11. Residence, . . . .
12. Birthplace, . . . .

June 11, 1890

Female

G. W. Caverly

Southville

Bootmaker

Dover N. H.

Helen B. Caverly

Helen Brackett

Southville

Wrentham

*E. A. Clarke M.D.*

I certify that the foregoing is a true copy.

Attest:

Henry L. Chase

## RETURN OF A BIRTH.

No. ....

1. Date of Birth, . . .

2. Full Name of Child,

3. Color, \* . . . .

4. Sex, (and if twin or illegitimate,)

5. Place of Birth, . . .

6. Name of Father, . .

7. Residence, . . . .

8. Occupation, . . . .

9. Birthplace, . . . .

10. Name of Mother, . .

(Maiden Name,) . .

11. Residence, . . . .

12. Birthplace, . . . .

Dated at

1830

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

G. W. Butterfield M.D.



Commonwealth of Massachusetts.

## RETURN OF A BIRTH.

No. ....

1. Date of Birth, . . .	July 19 1890
2. Full Name of Child,	Lydia Letto
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . . .	
5. Place of Birth, . . .	Hayville
6. Name of Father, . .	Eldg Letto
7. Residence, . . . .	Hayville
8. Occupation, . . . .	Labour
9. Birthplace, . . . .	Canada
10. Name of Mother, . .	Deborah Letto
(Maiden Name,) . . .	Senier Vincent
11. Residence, . . . .	Hayville
12. Birthplace, . . . .	Canada

Dated at Rahland July 19 1890

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

L. M. Butler Sec'd M.D.



**FILL EVERY BLANK.**

Date of Birth.....

July 25,  
~~June 27~~, 1890

Name of Child.....

Color, if other than white.....

White

Sex.....

Male

Condition: }  
Twin, Illegitimate, &c. }

Normal

Place of Birth, }  
if other than Marlborough }

Southboro

Name of Father.....

Geo. H. Hagen

Maiden Name of Mother.....

Vail

Residence of Parents, }  
if other than Marlborough }

Southboro

Occupation of Father.....

Farmer


Place of Birth of Father.....


W.B.

Place of Birth of Mother.....

W.B.

\*If in the United States—what town?

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 When children born in the year have died during the same year, returns should be made of both birth and death.

## AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever a deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which said deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained, and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths and births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

## BIRTH

recorded in the books of the City of Worcester  
(City or Town.)

during the month of February 1892.

1. Date of Birth, . . .	<u>January 10 1891</u>
2. Full Name of Child,	<u>Nora Dorey</u>
3. Color, . . . . .	
4. Sex (and if twin or illegitimate),	<u>Female</u>
5. Place of Birth, . . .	<u>Southville Mass</u>
6. Name of Father, . .	<u>Thomas Dorey</u>
7. Residence, . . . .	<u>Worcester</u>
8. Occupation, . . . .	<u>Engineer</u>
9. Birthplace, . . . .	<u>Mass</u>
10. Name of Mother, . .	<u>Bridget</u>
(Maiden name,) . . .	<u>Kelley</u>
11. Residence, . . . .	<u>Worcester</u>
12. Birthplace, . . . .	<u>Ireland</u>

I certify that the foregoing is a true copy.

Attest:

E. H. ZouneFebruary 10 1892.

City Cl  
(City or Town.)



## AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, &c., as follows:*

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

## BIRTH

recorded in the books of the City of Worcester  
(City or Town.)  
during the month of February 1892.

1. Date of Birth, . . .
2. Full Name of Child,
3. Color, . . . . .
4. Sex (and if twin or illegitimate),
5. Place of Birth, . . .
6. Name of Father, . .
7. Residence, . . . .
8. Occupation, . . . .
9. Birthplace, . . . .
10. Name of Mother, . .  
(Maiden name,) . . .
11. Residence, . . . .
12. Birthplace, . . . .

January 16 1891

Female

City Hospital Worcester

Delia Bailey

Southboro

England

I certify that the foregoing is a true copy.

Attest:

E. H. Jones

February 16 1892

(City or Town.) Clerk.

## AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

## BIRTH

recorded in the books of the City of Marlborough  
(City or Town.)  
during the month of April 1891

1. Date of Birth, . . .	<u>April 15, 1891</u>
2. Full Name of Child,	<u>Lamprey</u>
3. Color, . . . . .	<u>W</u>
4. Sex (and if twin or illegitimate),	<u>M</u>
5. Place of Birth, . . .	<u>Southborough</u>
6. Name of Father, . .	<u>Ypsoral Lamprey</u>
7. Residence, . . . .	<u>Southborough</u>
8. Occupation, . . . .	<u>Carpenter</u>
9. Birthplace, . . . .	<u>Portsmouth, N. H.</u>
10. Name of Mother, .	<u>Lillie</u>
(Maiden name,) . .	<u>Hyde</u>
11. Residence, . . . .	<u>Southborough</u>
12. Birthplace, . . . .	<u>Southborough</u>

I certify that the foregoing is a true copy.

Attest:

E. Ballard

Feb. 5 1891

City Clerk.  
(City or Town.)



FILL EVERY BLANK.

Date of Birth Aug. 5, 1891

Name of Child \_\_\_\_\_

Color, if other than white White

Sex Male

Condition, }  
Twin, Illegitimate, Etc. } Normal

Place of Birth, }  
If other than Marlborough } Southboro

Name of Father David O'Connell

Maiden Name of Mother Journey

Residence of Parents, }  
Street and Number } Westboro Road

Occupation of Father Farmer

\*Place of Birth of Father Ireland

\*Place of Birth of Mother Ireland

\*If in the United States, what town.

Signature of person }  
making return } N E Smyth M.D.

**FILL EVERY BLANK.**

Date of Birth. *Sept. 24, 1891*

Name of Child. *Courcy Leonard*

Color, if other than White

Sex. *Male*

Condition :  
Twin, Illegitimate, &c. }

Place of Birth,  
If other than Marlborough } *Fayville*

Name of Parents. *William C. Dow*

Maiden Name of Mother. *Mable L. Williams*

Residence of Parents,  
If other than Marlborough } *Fayville*

Occupation of Father. *Farmer*

Place of Birth of Father. *Charlestown Mass*

Place of Birth of Mother. *Montpelier Vt*

*George Deane MD*

☒ Births of Still Born Children to be returned same as living Children

☒ When children born in year the have died during the same year, returns should be made of both birth and death.



FILL EVERY BLANK.

Date of Birth June. 4. 1892

Name of Child

Color, if other than white White

Sex Male

Condition, } Normal  
Twin, Illegitimate, Etc. }

Place of Birth, } Southboro  
If other than Marlborough }

Name of Father Geo. H. Hayes

Maiden Name of Mother Vail

Residence of Parents, } Southboro  
Street and Number }

Occupation of Father Farmer

\*Place of Birth of Father N. B.

\*Place of Birth of Mother N. B.

\*If in the United States, what town.

Signature of person } H. E. Smyth M.  
making return }